

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Peace Through Strength PAC

ADDRESS (number and street) ▼

PO Box 26141

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22313

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525824

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Chris Marston

Signature of Treasurer

Chris Marston

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

31

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Peace Through Strength PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		59403.23
(b) Cash on Hand at Beginning of Reporting Period.....	42235.87	
(c) Total Receipts (from Line 19) .....	38000.00	43000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80235.87	102403.23
7. Total Disbursements (from Line 31) .....	19544.96	41712.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	60690.91	60690.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Peace Through Strength PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 01 2015

To:

M M / D D / Y Y Y Y Y  
12 31 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

11000.00

11000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11000.00

11000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

27000.00

32000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

38000.00

43000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

38000.00

43000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

38000.00

43000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2744.96	16912.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2744.96	16912.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16800.00	24800.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19544.96	41712.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19544.96	41712.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	38000.00	43000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38000.00	43000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2744.96	16912.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2744.96	16912.32

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Peace Through Strength PAC**

Full Name (Last, First, Middle Initial)

**A. JENNIFER N. HIGGINS**Mailing Address 305 S PAYNE ST  
APT 306

City	State	Zip Code
ALEXANDRIA	VA	22314-5927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TAUZIN CONSULTANTS

Occupation

GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11.13498

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. HAYDEN ROGERS**

Mailing Address 158 WALDROUP RD

City	State	Zip Code
BRASSTOWN	NC	28902-8114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BOCKORNY GROUP

Occupation

GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

Transaction ID : SA11.13795

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. PECHANGA BAND OF LUISENO INDIANS**

Mailing Address PO BOX 1477

City	State	Zip Code
TEMECULA	CA	92593-1477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11.13508

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Peace Through Strength PAC**

Full Name (Last, First, Middle Initial)

**A. SYCUAN BAND OF THE KUMEYAAY NATION**

Mailing Address 2 KWAAYPAAY CT

City  
EL CAJONState  
CAZip Code  
92019-1832FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

Transaction ID : SA11.13497

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

5000.00

**TOTAL** This Period (last page this line number only)..... ►

11000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 8 OF 17  
 (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Peace Through Strength PAC

Full Name (Last, First, Middle Initial)

**A. AMO RETIREES ASSOCIATION VOLUNTARY PAC**

Mailing Address 2 WEST DIXIE HIGHWAY

City

DANIA BEACH

State

FL

Zip Code

33004-4312

FEC ID number of contributing  
federal political committee.

C

C00089557

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			10			2015			

Transaction ID : SA11.13853

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL P**Mailing Address 208 S. AKARD STREET  
SUITE 2701

City

DALLAS

State

TX

Zip Code

75202-4206

FEC ID number of contributing  
federal political committee.

C

C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2015			

Transaction ID : SA11.13874

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. AUTO CARE ASSOCIATION PAC**Mailing Address 7101 WISCONSIN AVENUE  
SUITE 1300

City

BETHESDA

State

MD

Zip Code

20814-4866

FEC ID number of contributing  
federal political committee.

C

C00250753

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2015			

Transaction ID : SA11.13833

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

7500.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Peace Through Strength PAC**

Full Name (Last, First, Middle Initial)

**A. EXPRESS SCRIPTS INC. POLITICAL FUND**Mailing Address 300 NEW JERSEY AVE NW  
STE 600

City WASHINGTON State DC Zip Code 20001-2267

FEC ID number of contributing  
federal political committee.**C** C00365072

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

**Transaction ID : SA11.13796**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC)**Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City FALLS CHURCH State VA Zip Code 22042-4541

FEC ID number of contributing  
federal political committee.**C** C00078451

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2015

**Transaction ID : SA11.13832**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC)**Mailing Address 2941 FAIRVIEW PARK DR.  
SUITE 100

City FALLS CHURCH State VA Zip Code 22042-4541

FEC ID number of contributing  
federal political committee.**C** C00078451

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

**Transaction ID : SA11.13875**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Peace Through Strength PAC

Full Name (Last, First, Middle Initial)

**A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**
 Mailing Address 101 CONSTITUTION AVE. NW  
 SUITE 500 WEST

City	State	Zip Code
WASHINGTON	DC	20001-2133

FEC ID number of contributing federal political committee.

C C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SA11.13742

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. NATIONAL MULTI HOUSING COMMITTEE PAC (NMHC PAC)**

Mailing Address 1850 M STREET, NW, #540

City	State	Zip Code
WASHINGTON	DC	20036-5816

FEC ID number of contributing federal political committee.

C C00130773

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SA11.13876

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**
 Mailing Address 1100 WILSON BLVD  
 SUITE 1500

City	State	Zip Code
ARLINGTON	VA	22209-3900

FEC ID number of contributing federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2015

Transaction ID : SA11.13840

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Peace Through Strength PAC**

Full Name (Last, First, Middle Initial)

## **A. WINE & SPIRITS WHOLESALERS OF AMERICA**

Mailing Address 805 FIFTEENTH ST., NW, SUITE 430

City  
WASHINGTON

State Zip Code  
DC 20005-2273

FEC ID number of contributing  
federal political committee.

**C** C00147173

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**11** / **13** / **2015**

**Transaction ID : SA11.13794**

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

27000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Peace Through Strength PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH      State VA      Zip Code 22043

Purpose of Disbursement  
DATABASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      22      2015
**Transaction ID : SB21B.I7044**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH      State VA      Zip Code 22043

Purpose of Disbursement  
DATABASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11      23      2015
**Transaction ID : SB21B.I7045**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH      State VA      Zip Code 22043

Purpose of Disbursement  
DATABASE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10      21      2015
**Transaction ID : SB21B.I7046**

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Peace Through Strength PAC

Category/  
Type

Age Group	Percentage
18-24	100.00
25-34	100.00
35-44	100.00
45-54	100.00
55-64	100.00
65-74	100.00
75-84	100.00
85+	100.00

08 / 21 / 2015

Category/  
Type

07 / 21 / 2015

Category/  
Type

250.00

750.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Peace Through Strength PAC**

Full Name (Last, First, Middle Initial)

**A. MITHCELL'S RESTAURANT**

Mailing Address 304 ROSS ST

City PITTSBURGH      State PA      Zip Code 15219

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015
**Transaction ID : SB21B.I7055**

Amount of Each Disbursement this Period

164.50

Full Name (Last, First, Middle Initial)

**B. OMNI HOTELS**

Mailing Address 420 DECKER DR.

City IRVING      State TX      Zip Code 75062

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2015
**Transaction ID : SB21B.I7056**

Amount of Each Disbursement this Period

940.67

Full Name (Last, First, Middle Initial)

**C. THE CARLTON RESTAURANT**

Mailing Address 500 GRANT ST

City PITTSBURGH      State PA      Zip Code 15219

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2015
**Transaction ID : SB21B.I7054**

Amount of Each Disbursement this Period

139.79

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
1244.96  
2744.96

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

# Peace Through Strength PAC

## A. COFFMAN FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.I6701

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: CO District: 06

Amount of Each Disbursement this Period

## B. COFFMAN FOR CONGRESS

Date of Disbursement

09 / 16 / 2015

Transaction ID : SB23.I7057

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: CO District: 06

Amount of Each Disbursement this Period

### C. DUNCAN D. HUNTER FOR CONGRESS

Date of Disbursement

Three digital displays are shown side-by-side, separated by slashes. The first display shows '12' with two small gray squares above the '1' and '2'. The second display shows '31' with two small gray squares above the '3' and '1'. The third display shows '2015' with four small gray squares above each digit.

Transaction ID : SB23.I7521

Category/  
Type

Disbursement For: 2016

☒ Primary ☐ General

☐ Other (specify) ▼

State: CA District: 50

Amount of Each Disbursement this Period

2700.00

**SUBTOTAL** of Disbursements This Page (optional).....

2700.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Peace Through Strength PAC**

Full Name (Last, First, Middle Initial)

**A. DUNCAN D. HUNTER FOR CONGRESS**

Mailing Address PO BOX

City	State	Zip Code
EL CAJON	CA	92022

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**DUNCAN D. HUNTER**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

**Transaction ID : SB23.I7522**

Amount of Each Disbursement this Period

2700.00
---------

Full Name (Last, First, Middle Initial)

**B. HUCKABEE FOR PRESIDENT**

Mailing Address P.O. BOX 3357

City	State	Zip Code
LITTLE ROCK	AR	72203

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

**Transaction ID : SB23.I7050**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. MARTHA ROBY FOR CONGRESS**

Mailing Address PO BOX 195

City	State	Zip Code
MONTGOMERY	AL	36101

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARTHA ROBY**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

**Transaction ID : SB23.I7052**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6700.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Peace Through Strength PAC**

Full Name (Last, First, Middle Initial)

**A. POLIQUIN FOR CONGRESS**

Mailing Address 123 SNOW POND RD

City	State	Zip Code
OAKLAND	ME	04963

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BRUCE L POLIQUIN**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2015

**Transaction ID : SB23.I7043**

Amount of Each Disbursement this Period

2700.00
---------

Full Name (Last, First, Middle Initial)

**B. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**RENEE JACISIN ELLMERS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SB23.I7051**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. ROYCE CAMPAIGN COMMITTEE**

Mailing Address P.O. BOX 2525

City	State	Zip Code
ORANGE	CA	92859-0525

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

**Transaction ID : SB23.I7053**

Amount of Each Disbursement this Period

2700.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7400.00
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16800.00
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